



STATE OF NEBRASKA

Department of Health and Human Services
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117

NOTICE OF CHANGE OF STATUS and/or DISCONTINUANCE IN ADMINISTRATOR-IN-TRAINING or MENTORING PROGRAM

SECTION A – ADMINISTRATOR-IN-TRAINING/MENTORING TRAINEE PERSONAL INFORMATION

1	Name of AIT/Mentoring Trainee:	First:	Middle:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Certificate Number:			

SECTION B – PRECEPTOR/FACILITY INFORMATION

1	Name of Preceptor:	First:	Middle:	Last:	Preceptor #:
2	Name of Facility where Training will Occur:				
2	Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Telephone Number (Optional):				
I, separately and independently, do hereby notify the Board of the following change(s): (check all that apply)					
	Change			Effective Date	
<input type="checkbox"/>	Change of preceptor				
<input type="checkbox"/>	Discontinuance of internship as Administrator-in-Training/Mentoring Trainee				
<input type="checkbox"/>	Withdrawal as certified preceptor from A-I-T/Mentoring Program				
<input type="checkbox"/>	Other (specify)				

REASONS & COMMENTS

--	--	--	--	--	--

Signature _____ Date: _____
(Administrator-in-Training/Mentoring Trainee)

Signature _____ Date: _____
(Preceptor)